

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1351
State File No.
205
Registrar's No.

FILED FEB 6 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>25 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>4732 OAK STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>RESEARCH HOSPITAL</u>		370	

3. NAME OF DECEASED (Type or Print) <u>MINNIE FRANCES</u>		b. (Middle)	c. (Last) <u>GROVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-13-1956</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE-27-1901</u>	9. AGE (In years last birthday) <u>54</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HR.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>WALKER, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN FLAKE</u>	13b. MOTHER'S MAIDEN NAME <u>PEARL LOLLAR</u>	14. NAME OF HUSBAND OR WIFE <u>WINFRED GROVER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WINFRED GROVER</u> ADDRESS <u>4732 OAK STREET KANSAS CITY, MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor (Glioblastoma)</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1937</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>1-12-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Brain Tumor - Glioblastoma - Right Temporal Lobe</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1956, to Jan 13, 1956, that I last saw the deceased alive on Jan 13, 1956, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Trowbridge, Jr. M.D.</u>	23b. ADDRESS <u>1405 Bryant Bldg</u>	23c. DATE SIGNED <u>1-16-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-16-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>
DATE REC'D BY LOCAL REG. <u>1-16-56</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u>		ADDRESS <u>1731 BRUSH CREEK KANSAS CITY, MO.</u>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Just T. Deers*.....
Licensed Embalmer No. *445*.....

P. O. Address *Kansas*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.